ATTACHMENT K

RISK ASSESSMENT WORKSHEET

Kansas Department of Health & Environment

Storage Tank Program

Risk Assessment Worksheet

Project ID: _____ **Facility Name:** _____

Facility ID: _____ **Facility Address:** _____

_____

Completed By: **Signature:**

_____ _____

Signatory must have certificate on file with KDHE verifying the completion of a Risk Based Corrective Action (RBCA) Program conducted by an ASTM (American Society for Testing and Materials) certified trainer.

Kansas Department of Health & Environment Storage Tank Program
Risk Assessment Worksheet

Surface Condition: Improved ☐ Has a drinking water well been impacted by a release at this site? ☐ yes ☐ no

Unimproved ☐ What is the current land use of this facility / area? _____

SITE HISTORY: Guidance Document: Section 7.3.2 of ASTM Practice E1527-00. Standard Practice for Environmental Site Assessments: Phase 1 Environmental Site Assessment Process. Attach record search to end of this attachment.

List all previous names of this facility.	Owner Name	Dates Owned	Property Use C = Commercial I = Industiral R = Residential	Was Fuel Dispensed At the Facility Y = Yes, N= No U = Unknown

GEOLOGY / HYDROLOGIC CHARACTERISTICS

Stratigraphy: (Notate Start of Saturated Zone)

Depth	USCS Code	Description

Hydrologic Characteristics:

Static Water Level		feet	As specified in RFP*
Flow Direction			As specified in RFP*
Hydraulic Gradient		(ft/ft)	As specified in RFP*
Estimated Porosity (unsaturated)		(cm^3/cm^3)	As specified in RFP*
Gravimetric Water Content (unsaturated)		(gm/gm)	Using ASTM Method D2216-98
Volumetric Water Content (unsaturated)		(cm^3/cm^3)	Using ASTM Method D2216-98
Dry Bulk Density (unsaturated)		(gm/cm^3)	Using ASTM Method D2937-00e1
Storativity		1/ft	As specified in RFP*
Transmissivity		(m^2/day)	As specified in RFP*
Hydraulic Conductivity (saturated)		(cm/sec)	As specified in RFP*
Velocity		(cm/sec)	As specified in RFP*
Annual Precipitation (30 yr avg)		Inches/year	National Weather Service, KGS, Other
Organic Matter (unsaturated)		% Organic Matter	If ASTM D2974-00 is used
Total Organic Carbon (unsaturated)		% Organic Carbon	Walkley-Black Method/ASTM D2974-00

Kansas Department of Health & Environment Storage Tank Program

Risk Assessment Worksheet

Is the water bearing zone capable of yielding greater than 10 GPH for a period of 24 hours? _____yes _____no _____unknown

Is the aquifer being used for human consumption within 500 feet of the contaminant plume? _____ yes _____no

Aquifer name if applicable _____

Identify any hydrogeologically sensitive areas that are threatened by the contaminant plume: _____

MAP

Land Use within 1/4 mile of facility

Indicate all wells within 1/4 mile radius of the facility. The map will be enlarged such that the facility is located at or near the center of the map with a scale of approximately 1 " = 300 " and be on an 11" x 17" page. All wells will be clearly marked and labelled as to current use (eg: industrial, public drinking supply). If the contaminant plume is expected to extend beyond 1/4 mile from the facility, the map (scale) will be modified to include all wells potentially impacted by the release. Well descriptions may appear on an attached table. Generalized groundwater flow direction will be clearly indicated. Map must be a CAD drawing or other computer generated representation of the specified area. Locations and names of all major streets must be included on the map.

RECEPTORS

Utilities:

	Depth (ft)	Flow Direction
Sanitary Sewer		
Storm Sewer		
Electric Cable		
Gas Line		
Fiber Optic		
Telephone		
Water		

Substance Released:

Gasoline	
Deisel	
Used Oil	
A V Gas	
Jet Fuel	
Hydraulic Fluid	
Other	

Subsurface Structures:

Indicate and describe all subsurface structures that are potential or current receptors of contaminated media.

Location	Description

Map

Land Use within 1/4 mile of facility

Attach a map that clearly indicates current land uses within a 1/4 mile radius of the facility. The map will have an approximate scale of 1 " = 300 ' and be on an 11" x 17" page. The facility will be at or near the center of the map. If the contaminant plume is expected to extend a distance greater than 1/4 mile, the scale of the map will be changed to include the areas potentially affected. At a minimum, the maps must indicate either residential or non-residential. If asensitive receptor such as a subsurface structure, school or hospital is present within this area, that structure must be indicated on the map. Map must be CAD drawings or other computer generated representations of the specified area. Locations and names of all major streets must be included on the map.

Kansas Department of Health & Environment Storage Tank Program
Risk Assessment Worksheet

Groundwater Supplies

Please indicate the presence of current water supplies within 1/4 mile of the facility:

Well Owner Name	Address	Water Supply Type				Source Type	
		Public	Domestic	Lawn	Other	Well	Surface

Have any surface waters been impacted by a release from this facility? _____yes _____no

If yes describe the impact: _____

Describe any potential threats to other sensitive receptors within 1/4 mile from this facility: _____

Is Public water currently being supplied to the area? _____yes _____no

If no, would future development around this facility be likely? _____yes _____no

Are there any nuisance conditions at the site? _____yes _____no

If Yes, describe below

Kansas Department of Health & Environment Storage Tank Program
Risk Assessment Worksheet

EXPOSURE PATHWAYS

Indicate by placing an X in any of the pathways that are complete.

Current On-Site

Exposure Route	Resident Adult	Resident Child	Construction Worker	Commercial Worker
Ingestion				
Inhalation				
Dermal				

Please describe any complete pathways and justify incomplete pathways.

Current Off-Site

Exposure Route	Resident Adult	Resident Child	Construction Worker	Commercial Worker
Ingestion				
Inhalation				
Dermal				

Please describe any complete pathways and justify incomplete pathways.

Preparer should attatch additional sheets if necessary

Notes:

Kansas Department of Health & Environment Storage Tank Program
Risk Assessment Worksheet

Exposure Pathways (contd)

Indicate by placing an X in any of the pathways that are complete. Any complete pathways must be justified.

Potential Future On-Site

Exposure Route	Resident Adult	Resident Child	Construction Worker	Commercial Worker
Ingestion				
Inhalation				
Dermal				

Please describe any complete pathways and justify incomplete pathways.

Potential Future Off-Site

Exposure Route	Resident Adult	Resident Child	Construction Worker	Commercial Worker
Ingestion				
Inhalation				
Dermal				

Please describe any complete pathways and justify incomplete pathways.

Preparer should attatch additional sheets if necessary

Notes: